2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000134000

Entity Name: EXTREME CUTS II BARBER SHOP, INC.

FILED Mar 07, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

10361 HAMMOCKS BLVD MIAMI, FL 33196

Current Mailing Address: New Mailing Address:

10361 HAMMOCKS BLVD MIAMI, FL 33196

FEI Number: 20-1682141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 LEON, JACKELINE C
 MAURELL, PEDRO

 14819 SW 82ND STREET
 2075 SW 122 AVENUE

 MIAMI, FL 33193 US
 301

 MIAMI, FL 33175 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PEDRO MAURELL 03/07/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 LEON, JACKELINE C
 Name:
 MAURELL, PEDRO

 Address:
 14819 SW 82ND STREET
 Address:
 2075 SW 122 AVENUE APT 301

City-St-Zip: MIAMI, FL 33193 City-St-Zip: MIAMI, FL 33175

Title: V (X) Delete Title: () Change () Addition

 Name:
 GARCIA, HECTOR L
 Name:

 Address:
 14819 SW 82ND STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33193
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO MAURELL PRES 03/07/2006